

## APPLICATION FORM — 1948 — MARCH

Eligible Employees of the United States Government

To The War Agencies Employees Protective Association  
1040-43 Washington Bldg.,  
15th & New York Avenues, Washington 25, D. C.

I, ..... (full name typed or printed)  
hereby make application for membership in The War Agencies Employees Protective Association.

I understand that if admitted to membership I shall be eligible to apply for Group Life Insurance under the Group Contract issued to the Association by The Equitable Life Assurance Society of the United States and I hereby apply for the amount of insurance for which I shall become eligible under the Group Insurance Plan. For purposes of becoming insured I certify that I am actively at work and in good health on the date of this application and eligible for membership under the rules of the Association.

I was born year 1907 month September day 26 I designate as my Group Life Insurance beneficiary  
Primary Mrs. (Relationship wife  
(Mary Smith Jones — NOT Mrs. John E. Jones)

Home Address 1, L.I., New York

NOTE: If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the member; if no such beneficiary survives, payment will be made in accordance with the terms of the policy.

**METHOD OF PREMIUM PAYMENT:** In every case the applicant is required to make an initial quarterly payment together with a \$2.00 membership fee. See reverse side for instructions regarding method of premium payment, schedule of payment and allotment procedure.

I hereby elect to have the proceeds of my Group Life Insurance becoming due under the Group Insurance certificate delivered to me as a member of The War Agencies Employees Protective Association payable, in lieu of a single sum, in accordance with the election as indicated below.

Single sum

Part single sum of \$..... and balance in monthly installments of \$..... Each instalment shall not be less than  $\frac{1}{2}$  of 1% of the amount of insurance applied under the instalment settlement.

Monthly instalments of \$100. Each instalment shall not be less than  $\frac{1}{2}$  of 1% of the amount of insurance applied under the instalment settlement.

## PLAN OF INSURANCE

WHICH IS BEING APPLIED

Basic Annual Salary	Amount of Insurance
Less than \$3,200	\$5,000
\$3,200 & over	10,000

NOTE: The monthly cost of the insurance is now \$1.25 per \$1,000. See schedule regarding methods of payment. For the two fiscal years 1943 to 1945 a dividend return of 35% of total premium contribution was made to members. In the fiscal year 1945-1946 a dividend return of 30% of the total premium contribution has been declared.

It is understood that the instalments stated above will include a rate of interest then currently announced by the Society and such excess interest dividends as may be determined and apportioned. The final payment shall be the balance then remaining with the Society. In the event of the death of my beneficiary subsequent to my death, any balance remaining with the Society shall be paid in a single sum to the executors or administrators of the aforesaid beneficiary.

SIGNED.....  
(Print Full Name Here)  
Date Signed..... 24 November 1948

Name and address of person to whom certificate is to be sent (Permanent reference point within United States unless otherwise indicated)

Eligibility of applicant certified by: SUBJECT TO INTEGRITY OR BY ANOTHER

This document is part of an integrated file. If separated from the file it must be subjected to individual systematic review.

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCES METHODS EXEMPTION 3828  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2007

Title..... Agency.....